FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE



DR-2 DISCLOSURE NTTEE NAME (Must be same as on Statement of Organization) (Rev. 12/2005) REPORT For Office Use Only ('er) Comm.# IMPORTANT: Indicate by # type of committee you are reporting for:

(1 )Statewide/Legislative/Judge Standing for Retention/Candidate (2)State PAC (3)State Party Logged In 📥 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Scanned Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Computer Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Audited Candidate Name Political Party (if applicable) File with: lowa Ethics and Campaign Disclosure Board Office Sought District (if Senate or House) 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701 Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for limit limit and accounts reports. oMu. PERSON FILING REPORT I AM FILING A REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. 3, Indicate by # (report date) CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held  $\alpha$ STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ...... ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... Schedule F. Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H) ...... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.... SLIBTRACT TOTAL MONEY SPENT THIS PERIOD 1975,58 Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)... "UNPAID BILLS (From Schedule D - Attach Schedule D) ......\$ "IN KIND CONTRIBUTIONS (From Schedule E - Altach Schedule E)..... \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)...... CONSULTANT BREAKDOWN (Schedule G Altached?) YES CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Altach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

#### For instructions, See Back of Form

### Reset Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

OBRIED Course, Rollub (CAL)

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/28	ID# CK# 6876	HARley IA G1346	c. <del>X</del>	\$ 400	
28	ID# CK#1497	Jerry Elson 140 lat. St. + 51346		40.00	
8/28	ID# CK#	Roland Lenz Hartley 521 lot St. 51346		40.00	
8/28	ID# CK#	Bernard Hildreth 11 N Ist Aue. E 5/346		40.00	
1/28	ID# CK#	James Hess = North		40.	
8/28	ID# CK#	Maurice Get Hartley 830 lotStNE 5/346		40.00	
8/88	ID#	Cnelik Law Office Box 108 Hartley 5/346		80.00	
8/28	ID# CK#	Phylis EifertHartley 121 Ist SW 51346		20.00	
8/28	ID# CK#	Ronald Arnot Hartle 46 5/A Ave N5/346	4	20.00	
	ID# CK#				
L			SUB-TOTAL	s	

TOTAL (if last page of this schedule)

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relativee) and affinity (relativee by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_ (for Schedule A)

#### For instructions, See Back of Form

DISCLOSURE BOARD.

# **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE (if applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
828	ID# CK#6759	Ken Jeroy KIEMER 4570/04 55 AUE Archer DA 51231	5000	
8/28	ID# CK# //25	CARL AKESON Jr. 40 e 1031 Orchen TA 51231	102.00	
4/28	CK#5243	MARK DONGSTOOT 2/0 E, Bray ST SANDOWN INSTANT	100,00	
8/	CK# 635	Konnety SAMPSON 3053 (AN BUREY DY HAR BY IH &1346	100.00	
8/28	CK# 5044	Dudley M. Dorell 50VI \$70,51/2 TASIZED	1000	
9/28	ID# CK#2092	OAVIL TOMOSON 6523 1 TOTAST OCHENE DAY ITA 51.745	25.80	
8/28	ю# ск# <i>3</i> 379	CAROUNDRAY WILSON Trust 218 N Rulledge DAULINA, EA 51201	2000	
8/28	ID# CK# 6387	Hengeleld Custraction 113 1/2 N MNINST (DO)	40.00	
\$/28	ID# CK#30/15	ARIA RAC WESTPHARN 420 154 ST. IA 51846	20.00	
3/28	ID# CK#/02/9	HARPY Systems/ 11/55 5 TH 5/346	3000	
		SUB-TOTAL	\$	
		TOTAL (if last page of this schedul		

<sup>&</sup>quot;Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_\_ (for Schedule A)

# For Instructions, See Back of Form

Reset Form **CONTRIBUTIONS -- MONEY TAKEN IN** MONETARY (Rev. 07/03) (Including candidate's personal funds) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF A STATE OF A			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
7/21-10	ID#	JAMESOM ACY GEBOOM HOT ALL		\$	INCOME
7/	ID#	Sutherland IA 51058		10000	
1/2/	ck# /0/9	1210 KAHER CT She don IA 61201		[00.00	
161	CK#5/40	Thed Und hohe to lay Kapler Court She Can IA 5 1201		(20.20)	
1/21	CK# CASA	LARRY BOUSEUM 3/2 Prospect SANDOW, TA SIZYP		100.00	
1/21	CK# CASA	Dr HARIN VANDOC Gried 134, KAMER COURT She Kw. IA GBO!		100,00	
1/2/	CK# CASA	Jeffery Brothaus 3741 STARTING AUE. Pringlas IA 51245		2000	
1/28	ID# CK# CASL	Interest esternal		.74	
8/28	CK# CASA	Buck bag		76.00	
128	CK# CAS	GALA 1		137!75	
8/28	<sup>10#</sup>	OBRIED ENTERPRISES 302 E AIDAS ST SANDREU SA STOOL		10200	
		S	UB-TOTAL	\$	
		TOTAL (if last page of	this schedule)	s	

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
EXPENDITURES

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Brien County Republicans

	JIIC II	County Repu	<u>blicans</u>	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDITESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
51	ID#	.,		
8/3	CK#	Hart ley Center Community Center 3472 Wilson Ave 51346	Gala Exp.	\$250.00
2/	ID#	Osceola County		+
8/28	CK#	Gaze He sibley	Gala Exp.	76.00
	ID#	2019th. St. 5/249 The Hartley	11	
28	CK#	Sentine Harriey	Adsica dous Gala Exp	9.10
0/	ID#	parrell Deencamp	C La Exp	
8/28	CK#	42 ESPruce Cherokee 5/0/2	Gala Exp	20.00
2/	ID#			
8/3/	CK#	1625Central Ave	Gala Exp.	1251,90
	ID#	Iowa Int. Inc.	6-20-	1515170
9/1		227 North St	Cauthor 2-xp.	120,96
,	ID#	Sheldon 5/201 Sloux Center Publish	109 0	120110
9/1	CK#	61 thirds t Sioux Center 51250	ing Galq	130,62
	ID#	il.s. Postottice		1,00,00
9/.	CK#	11.3, 103/01/16	Postage and Delivery	26.40
			•	10,40
			SUB-TOTAL	\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_

TOTAL (if last page of this schedule)

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		L	
11/13	rien		61		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSA	CTION)	AMOUNT EXPENDED
9/2	ID# CK#	Hartley Sentine Hartley Harlle 71 15 15 15 1346	Gala-ey	́р.	\$ 90.00
	ID# CK#				
	ID# CK#				
	ID#				
	CK#				
1	CK#				
	ID#				<del> </del>
	CK#				
	ID# CK#				
	ID#				
	CK#				
-			5	SUB-TOTAL	\$
			TOTAL (if last page of this	s schedule)	\$ 1975.58

# THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page		